MEDICARE SUPPLEMENT INSURANCE
BUYING GUIDE

free health insurance counseling for seniors

June 2016 - June 2017

MEDICARE ASSISTANCE PROGRAM

Helping Oklahoma seniors and their families make informed decisions about Medicare

Oklahoma Insurance Department • 1-800-763-2828 • www.map.oid.ok.gov • map@oid.ok.gov

MEDICARE ASSISTANCE PROGRAM

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Your MAP Shopper's Guide 2016 - 2017

This booklet is intended as a "guide." Once you have selected a company, you should consult with the insurance company or its representative to determine policy specifics and review the options that are available with that company. If you are interested in a company that is not listed, please contact our office at (405) 521-6628 or toll-free at 1-800-763-2828 for further information. Consumer brochures are available to Oklahoma residents explaining other insurance coverages. These, too, are available from:

Oklahoma Insurance Department

Five Corporate Plaza
3625 NW 56th, Ste 100
Oklahoma City, OK 73112

Insurance Department Contact Information

MAP Toll Free Number (in state).....1-800-763-2828
MAP Local Number (OKC).....(405) 521-6628
Insurance Department Toll Free Number (in state).....1-800-522-0071
Complaints & Claims.....(405) 521-2991
Information on Insurance Agents.....(405) 521-3916
Information on Licensed Insurance Companies..... (405) 521-3966
Property & Casualty Rates and Policies Information .....(405) 521-3681
General Information..... (405) 521-2828

Medicare: the basics

Medicare is the federal health insurance program available to all people at age 65. It also is available to people under age 65 who have been on Social Security disability for 24 months or who have end-stage renal disease or Lou Gehrig's (ALS). Medicare is made up of Parts A, B, C & D. Most people over age 65 get Medicare Part A premium-free, but most must pay a monthly premium for Medicare Part B ($121.80 for 2016). Medicare Part C (Medicare Advantage) gives you a choice of how you take your Medicare, and Part D gives the opportunity to purchase a prescription drug plan.

Approval of covered services for Medicare benefits is usually based on what is medically necessary.

The amounts approved are based on payment schedules established by Medicare. Under Part A, the health care providers who contract with Medicare are not allowed to charge more than what is approved by Medicare. Part B does allow "excess charges" for some services. The maximum excess charge physicians are allowed is 15% more than Medicare's approved amount for claims in which the provider did not accept Medicare Assignment.

Gaps in Medicare

- Gap 1: Deductibles and Coinsurance
- Gap 2: Excess Charges
- Gap 3: Noncovered Items

Medicare pays a large share of the health care costs for seniors over age 65, but there are significant gaps. The Medicare Benefit Chart on the following page shows Medicare's benefits and remaining gaps for which you are responsible.

THE FOUR PARTS OF MEDICARE

Medicare Part A

- Inpatient Hospital
- Skilled Nursing Facility
- Home Health Care
- Hospice

Medicare Part B

- Doctor Services
- Outpatient Hospital & Emergency Room
- Durable Medical Equipment
- Other Services & Supplies

Medicare Part C

- Medicare Advantage Plans

Medicare Part D

- Prescription Drug Benefit

Part A Hospital Insurance—Covered Services

(Hospital deductibles and coinsurance amounts change each year. The numbers shown in this chart are effective for 2016-2017)

Services	Benefits	Medicare Pays	You Pay (Other insurance may pay all or part)
Hospitalization Semiprivate room, general nursing, misc. services	First 60 days	All but $1,288	$1,288
	61st to 90th day	All but $322 per day	$322 per day
	91st to 150th day	All but $644 per day	$644 per day
	Beyond 150 days	Nothing	All charges
Skilled Nursing Facility Care	First 20 days	100% of approved	Nothing if approved
	21st to 100th day	All but $161 per day	$161 per day
	Beyond 100 days	Nothing	All costs
Home Health Care Medically necessary skilled care therapy	Part-time care as long as you meet guidelines	100% of approved	Nothing if approved; 20% for Durable Medical Equipment
Hospice Care For the terminally ill	As long as doctor certifies need	All but limited costs for drugs & respite care	Limited costs for drugs and respite care
Blood	As needed	All but first 3 pints	First 3 pints

Part B Medicare Insurance—Covered Services

Services	Benefits	Medicare Pays	You Pay (Other insurance may pay all or part)
Beneficiaries are responsible for the first $166.00 of Part B-covered services in 2016 (the Deductible)			
Medical Expense Physician services and medical supplies	Medical services in and out of the hospital	80% of approved (after $166 deductible)	20% of approved (after $166 deductible) plus excess charges
Clinical Laboratory	Diagnostic tests	100% of approved	Nothing if approved
Home Health Care Medically necessary skilled care, therapy	Part-time care as long as you meet guidelines	100% of approved	Nothing if approved; 20% for Durable Medical Equipment
Outpatient Hospital Treatment	Unlimited if medically necessary	80% of approved (after $166 deductible)	20% of approved (after $166 deductible) plus excess charges
Blood	As needed	All but first 3 pints	First 3 pints

Supplementing Medicare

Since January 1, 1992, insurance companies selling Medicare supplement policies in Oklahoma were limited to selling 10 "Standardized Plans." A company does not have to sell all 10 plans, but every Medicare supplement company must sell "Plan A" (basic benefits only).

Open Enrollment

Every new Medicare recipient who is age 65 or older has a guaranteed right to buy a Medicare supplement policy during "open enrollment." A company cannot reject you for any policy it sells, and it cannot charge you more because of a pre-existing health condition.

Your open enrollment period starts when you are age 65 or older and enroll in Medicare Part B for the first time. It ends 6 months later. If you apply for a policy after the open enrollment period, some companies may refuse coverage because of health reasons. You will be eligible for an open enrollment period when you become 65 if you had Medicare Part B coverage before age 65 (e.g., Medicare disability).

Even though you are guaranteed a policy during open enrollment, pre-existing conditions may not be covered for up to six months after the effective date but may be waived during open enrollment with some companies. However, companies cannot impose a pre-existing waiting period during the initial open enrollment period if you had previous eligible health insurance coverage and you purchase your Medigap policy within 63 days. Also, a new pre-existing condition waiting period is not allowed when you replace one Medicare supplement with a similar one if you had the first policy at least six months.

Medicare Disability and Open Enrollment

Some individuals become eligible for Medicare because of a disability rather than by turning 65. The federal government did not include this group in the requirements which mandate an open enrollment period. However, effective July 1, 1994, Oklahoma requires an open enrollment for Medicare disability enrollees. Each company must offer at least one of the 10 standardized plans for Medicare disability beneficiaries. The open enrollment period begins the date the person is first eligible for Medicare Part B (when the coverage takes effect—or the date on the award letter from Social Security) and ends six months later.

This rule helps bridge the gap for many of Oklahoma's disabled Medicare beneficiaries. Oklahoma was one of the first 3 states to successfully undertake the challenge of this reform.

Federal law permitted individuals who qualified for Medicare under age 65 another open enrollment period at age 65. This allows disabled Medicare beneficiaries a new opportunity to obtain Medicare Supplemental coverage at age 65 for a potentially less expensive premium.

The comparison table that starts on page 22 includes information on plans available to beneficiaries on disability during their Open Enrollment period.

If you are disabled and your six-month open enrollment has passed, or you were enrolled in Medicare Disability before January 1, 1994, refer to page 35 for further information. These companies listed have, in the past, written supplemental coverage policies for beneficiaries on Medicare due to disability and who are outside of their Open Enrollment period. However, it is not a requirement that they offer a policy to every applicant on disability.

10 Standard Medicare Supplement Plans

How to read the chart:
If a check mark appears in a column, the Medigap policy covers 100% of the described benefit. If a column lists a percentage, the policy covers the percentage of the described benefit, If a column is blank, the policy doesn't cover the benefit. Note: The Medigap policy covers coinsurance only after you have paid the deductible (unless the Medigap policy also covers the deductible).

Medigap Benefits	A	B	C	D	F*	G	K	L	M	N
Medicare Part A Coinsurance hospital costs after Medicare benefits are used up, for an additional 365 days	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓***
Blood (First 3 Pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A Hospice Care Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled Nursing Facility Care Coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Medicare Part A Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Medicare Part B Deductible			✓		✓					
Medicare Part B Excess Charges					✓	✓				
Foreign Travel Emergency (Up to Plan Limits)			80%	80%	80%	80%			80%	80%
Medicare Preventive Care Part B Coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Out-of-Pocket Limit**							$4,960	$2,480		

*Plan F also offers a high-deductible plan. This means you must pay for Medicare-covered costs up to the deductible amount $2,180 in 2016 before your Medigap plan pays anything.

**You will be required to pay a portion of Medicare Part A and Part B coinsurance until $4,960 is reached under plan K and until $2,480 is reached under Plan L. Once the out-of-pocket limit is paid, Plan K or Plan L (whichever plan you purchase) will pay 100% of all Medicare-covered services for the rest of the calendar year.

***Plan N pays 100% of the Part B coinsurance except up to $20 copayment for office visits and up to $50 for emergency department visits.

Standard Plan Benefits Basic Benefits

Eight of the 10 standard plans have the following "Basic Benefits" included in the plan:

Part A Hospitalization (Per Benefit Period):

Days 61–90

Basic Benefits pay the daily coinsurance coverage of $322 per day (for 2016). After 60 days of hospitalization in a "benefit period" (defined above), the policy pays the coinsurance and Medicare pays the rest. The first 90 days of Medicare coverage are renewable for each new benefit period.

Days 91-150 (Lifetime Reserve Days)

Basic Benefits pay the daily coinsurance of $644 per day (for 2016). "Lifetime Reserve Days" are 60 nonrenewable days of Medicare benefits that are available when a hospital stay extends beyond the 90 renewable days in a benefit period. The policy pays the coinsurance and Medicare pays the rest.

Beyond 150 days

Basic Benefits pay 100% of eligible Part A charges for an additional 365 days. After Medicare's benefits are exhausted for one benefit period, the policy provides for 365 additional lifetime days that are nonrenewable.

Blood

Basic Benefits combine with Medicare to cover all blood expenses (except the $166 Part B deductible) both in and out of the hospital.

PART B: Medical Expenses (Per Calendar Year)

Basic Benefits

20% Coinsurance: Paid after the $166 annual deductible. Medicare Part B payments are based on the amount approved by Medicare according to a fee schedule. Medicare will pay 80% of the approved costs. The policy covers the remaining 20% coinsurance.
(If charges exceed the approved amount, Basic Benefits will not cover them. See "Part B Excess Charges" on page 11.)

Part A Deductible (Per Benefit Period)

Medicare requires you pay the first $1,288 (for 2016) when you are hospitalized. This is called a deductible, and the amount can change each year. The deductible is charged on the basis of a benefit period rather than a calendar year. Plans B through N include the "Part A Deductible Benefit."

Skilled Nursing Facility Coinsurance (SNF)

Medicare only covers approved skilled nursing care in a Medicare-approved facility. These benefits are available when you satisfy the guidelines as defined by Medicare. Standardized Plans C through N include the "Skilled Nursing Coinsurance Benefit."

Benefit Period:

A benefit period begins the first day of inpatient hospital care. It ends when the beneficiary has been out of the hospital or skilled nursing facility for 60 consecutive days.

Skilled Nursing Facility Coinsurance

(continued…)

Qualifying Requirements:

- An inpatient hospital admission of at least three consecutive days occurring prior to the need for skilled care. The need for SNF care must be related to the cause of the inpatient hospital admission.
- Care must be provided by a Medicare-certified SNF
- Need for daily skilled care certified by a physician

Medicare pays all eligible costs for the first 20 days. For days 21 through 100, Medicare pays all but a coinsurance amount of $161 per day in 2016. The "Skilled Nursing Coinsurance Benefit" pays the coinsurance amount.

Medicare does not provide coverage beyond 100 days. Standardized Plans cannot pay benefits beyond 100 days; however, some older policies may offer additional coverage. Only a small portion of Medicare beneficiaries require skilled care in a skilled nursing facility, and the average stay in skilled care is less than 30 days.

This benefit pays only if you qualify for Medicare coverage. Most nursing home care in Oklahoma is intermediate or custodial, and neither Medicare nor standardized Medicare supplement policies pay for these levels of care.

Part B Deductible

For 2016, Medicare has a $166 deductible for Part B covered services. The first $166 of Medicare-approved Part B charges each year is your responsibility. Under plans C and F, the "Part B Deductible" is covered by the supplement plan.

Foreign Travel Emergency

Medicare does NOT cover care received outside the United States. Standard plans C through G and M and N include a "Foreign Travel Emergency Benefit" which pays as follows:

- Only for emergency care
- $250 calendar year deductible
- 80% of billed charges paid for Medicare eligible expenses for medically necessary emergency hospital, physician, and medical care received in a foreign country
- $50,000 lifetime maximum

An additional health insurance travel policy is probably unnecessary when the "Foreign Travel Emergency" benefit is a part of your Medicare supplement policies.

Part B Excess Charges

An important gap in Medicare Part B is medical charges that are in excess of approved amounts. Plans F and G pay 100% of allowed excess charges. Excess physician charges have limits. Excess charges equal the difference between the Medicare-approved amount and the limiting charge. The maximum limiting physician charge for Medicare Part B eligible services is 15% over the Medicare-approved amount.

Some doctors are participating physicians, which means they accept assignment (they accept Medicare's approved amount). If most of your doctors are participating physicians, you may prefer to self-insure for the excess charges instead of paying additional insurance premiums for this benefit. One way to control your medical costs is to use doctors who accept assignment.

Medigap Plans K & L

Medigap Plans K and L provide different cost-sharing for items and services than Medigap Plans A through G. You will have to pay some out-of-pocket costs for some covered services until you meet the yearly limit. Once you meet the yearly limit, the Medigap policy pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. Refer to the chart for the 10 standard plans (page 8) for out-of-pocket costs.

Medigap Plans M & N

Medigap Plans M and N are new choices. Please see the chart on page 8 for more details.

Medicare SELECT—Another Option

Medicare supplement policies generally pay the same benefits regardless of your choice of health care provider. If Medicare pays for a service, the standard Medicare supplement policy must pay its regular share of benefits. One exception is Medicare SELECT.

- *Another type of Medicare supplement insurance* - Medicare SELECT is the same as standard Medicare supplement insurance in nearly all respects. If you buy a Medicare SELECT policy, you are buying one of the 10 standard plans identified by letters A through G.
- *Restricted provider network* - With Medicare SELECT you must use specific hospitals and, in some cases, specific doctors to receive full benefits. Hospitals or doctors specified by a Medicare SELECT policy are called "participating or preferred providers." When you go to the preferred provider, Medicare pays its share of the approved charges. The Medicare SELECT policy then pays the full supplemental benefits described in the policy.
- *Medicare is not restricted* - You can go to a provider outside the network for non-emergency care, and Medicare still pays its share of approved charges. However, the Medicare SELECT policy is not required to pay under these circumstances, although some companies may have a provision that allows a limited payment.
- *Emergencies outside the network* - Generally Medicare SELECT policies are not required to pay any benefits if you do not use a preferred provider. The only exception is in the case of an emergency* (See page. 16 for definition of emergency).
- *Designated service area* - Medicare SELECT requires that you live in a designated service area to be eligible for enrollment which is the geographic area approved by the Commissioner within which an issuer is authorized to offer a Medicare Select policy.
- *Lower Premiums* - Medicare SELECT policies generally have lower premiums because service areas and providers are limited. If you live in a designated area and agree to receive your care from the preferred providers for your plan, a Medicare SELECT plan may save you money.
- *Replacing a Medicare SELECT policy* - You can replace a Medicare SELECT policy with a regular Medicare supplement insurance policy if you move out of the service area. You also may choose to change after a Medicare SELECT policy has been in effect for six months. The insurance company must allow you to purchase a regular Medicare supplement policy with equal or lesser benefits, regardless of your health condition.

Shopping for Medicare Supplement Insurance

Make it easier:
Use the worksheet on page 21 to record your findings as you shop for Medicare supplement insurance.

Price Comparison: Questions to Ask

- **What are the premium differences between plans?**
  In deciding which standard plan to choose, you will find trade-offs of additional benefits for additional premium. Which balance best suits your needs and your budget?
- **What are the premium differences for the same plan?**
  Premium amounts for the same plan can vary significantly.
- **Does the premium increase because of your age?**
  Normal increases occur because of company losses and changes in Medicare deductibles and coinsurance. Some companies also base premiums on age. Check to see if the premium is based on your age at the time the policy is issued or if it goes up as you get older. Compare premiums for your current age and for at least the next 10 years. A bargain today may be a burden later.
- **Does the company sell through an agent or by mail?**
  An agent can help you when completing your application and with problems later. If you have companies with which you prefer to do business, check the yellow pages for local agents who represent those companies.
- **Is a service office conveniently located?**
  A local agent with a good reputation, preferably one you know and trust, is more likely to take a personal interest in providing you good service.
- **Is a toll-free telephone number available for questions?**
  This is especially important if you don't have a local agent.
- **What kind of letter grade does the company have from a financial rating service?**
  The financial stability of insurance companies is evaluated by a number of different rating services such as A.M. Best, Moody, and Standard and Poor. The rating does not tell how good a policy is or what kind of service the company provides; it reflects only the financial stability of the company.
- **Is crossover claims filing available so Medicare sends claims directly to your insurance company?**
  Some companies have "crossover" contracts with Medicare. After Medicare pays its share of the bill, it will send claims directly to the insurance company for you.

Crossover and Assigned Claims

If the company does not have a contract, crossover is still available if you:

- Use a Medicare participating provider.
- Make sure the provider includes the company's Medigap number on the claim form and checks a box for the claim to be paid directly to the provider. This is not automatic. The patient must request that the doctor put the necessary information on claim forms.

- **Is a waiting period required for pre-existing conditions?**
  Some policies have waiting periods for pre-existing conditions. If you have a pre-existing condition, you may want to look for a policy that does not require a waiting period before benefits are paid for that condition.

Shopping for Medicare Supplement Insurance

The maximum pre-existing waiting period for people age 65 or older is six months. A company may have a shorter period or may have no waiting period at all. Many companies waive the waiting period for new Medicare Part B enrollees during their open enrollment periods. The rate table indicates the pre-existing limits offered by each of the companies.

Keep in mind, as you move from one policy to another, you will get "credit" for the time that you were covered under your first Medicare supplement policy. If you have had a policy for at least six months, your new policy will not have a waiting period for pre-existing medical conditions.

Insurance Complaints

Any Oklahoma citizen who feels he or she has not been treated properly in an insurance transaction may write to the Oklahoma Insurance Department. All complaints are investigated.

Examples of complaints:

- An insurance agent misrepresents a product or company.
- You experience delays in claims handling.
- You disagree with the amount of an insurance settlement.
- An agent continues to persist after you have said you do not want any further discussion or contact.
- An agent tells you your current company is financially unsound or otherwise not reputable.

How to File a Complaint:

Address complaints to:

Oklahoma Insurance Department
Attn: Consumer Assistance
Five Corporate Plaza
3625 NW 56th, Suite 100
Oklahoma City, OK 73112

To print a copy of the form or fill out an online form visit: http://www.ok.gov/oid/Consumers/Consumer_Assistance/File_a_Complaint.html

Include the following information:

- Your name and address
- The insurance company name
- Your policy number (if applicable)
- The name and address of your insurance agent (if applicable)
- A detailed description of the problem
- Supporting documentation

Medicare Coverage Options

Medicare Advantage Plans

You may elect a Medicare Advantage option if you are entitled to Part A and enrolled in Part B of Medicare, you do not have end-stage renal disease, and you live in a geographic area served by the MA plan in which you are interested in enrolling. Beneficiaries enrolled in a MA plan pay a monthly premium to the plan. MA plans have specific rules by which enrollees must agree to abide when enrolled in their plan, such as you must live in the plan's geographic service area. Frequently, MA plans also offer coverage for preventive services, prescription drugs, and some limited coverage for additional services, such as dental or vision. Below are some of the most common MA plans available:

Health Maintenance Organizations (HMOs)
HMOs provide coverage for the medical services and equipment that are typically covered by Parts A and B of traditional Medicare. The monthly premiums for HMOs can be very cost-effective. However, enrollees must agree to seek medical care through the physicians, therapists and medical facilities that are directly contracted with the HMO. Beneficiaries who receive medical care outside of the contracted network may be held accountable for the full costs of those medical services. Also, enrollees may be required to see their primary care physician before seeing a specialist to receive a referral to an in-network specialist. In an emergency, HMO enrollees may go to the nearest emergency room to seek treatment.

Preferred Provider Organizations (PPOs)
Generally in a PPO you can see any doctor or provider that accepts Medicare. However, if you see a doctor or provider who is contracted with the PPO plan, it is less expensive. You don't need a referral to see a specialist or any provider out-of-network. If you go to doctors, hospitals or other providers who aren't part of the plan (out-of-network or non-preferred), you will usually pay more.

Private Fee-For-Service (PFFS) Plans
Medicare Private Fee-for-Service Plans are plans offered by private companies. In a PFFS plan, you can go to any Medicare-approved doctor or hospital that agrees to accept the terms of the plan's payment. However, the beneficiary is responsible for making sure the provider will accept their insurance each time they seek medical care. The PFFS company, rather than the Medicare program, decides how much it will pay and what you pay for the services you receive. If you are in a Medicare Private Fee-For-Service Plan, you can get your Medicare prescription drug coverage from the plan if it's offered, or you can join a separate Medicare Prescription Drug Plan to add prescription drug coverage if it isn't offered by the plan.

Enrollment/Disenrollment

Enrollment

Most Medicare beneficiaries are eligible for enrollment in a Medicare Advantage plan, and most parts of the country are served by one or more plans that have contracts with the Centers for Medicare and Medicaid Services (CMS) to serve Medicare beneficiaries. Beneficiaries may enroll in an MA plan when they first become eligible for Medicare or during the annual Open Enrollment period, which occurs October 15th through December 7th. The enrollment requirements are as follows: You must be entitled to Part A, enrolled in Medicare Part B and continue to pay the Part B monthly premium. The premium is $121.80 for 2016.

- You cannot have elected care from a Medicare-certified hospice, and you cannot be medically determined to have end-stage renal disease (ESRD).
- You must live within the area in which the plan has a Medicare contract to provide services.
- The plan must enroll Medicare beneficiaries, including younger disabled Medicare beneficiaries without health screening.

Medicare Coverage Options

Disenrollment

How and when can a beneficiary disenroll?

Once you are enrolled in an HMO, you may wish to disenroll at some point. Whether you stay enrolled or leave an HMO is your decision. Your HMO cannot try to keep you from disenrolling, nor can the HMO try to get you to leave. In most cases, beneficiaries must wait until the annual Open Enrollment period to disenroll from a MA plan. They can also disenroll during the annual Disenrollment period, from January 1st through February 14th.

A beneficiary can disenroll by contacting the plan in which they are enrolled or by contacting the Social Security Administration (or Railroad Retirement Board, for railroad retirees). This can be done in writing or by phone. When an individual disenrolls from a MA plan, their medical coverage under traditional Medicare (Parts A and B) begins the first of the following month.

If you disenroll from an HMO, return to original Medicare and do not purchase a Medicare supplemental insurance policy, you will have to pay any applicable deductibles or coinsurance under the payment rules of the traditional Medicare program.

Medicare Advantage eligible individuals may make one Medicare Advantage open enrollment period election from October 15th through December 7th.

Medicare Advantage plans do not work with Medicare Supplement plans and vice versa. You can choose to have either a Medicare Advantage plan or a Medicare Supplement policy, but not both. There is no financial advantage in having a Medicare Advantage plan AND and Medicare Supplement plan.

Medigap Protections—Guaranteed Issue

Guaranteed Issue

The Balanced Budget Act of 1997, which was formally adopted by the state of Oklahoma, increases Medigap portability by providing for guaranteed issue rights without a preexisting conditions limitation in the following circumstances:

- Individuals enrolled in an employee welfare benefit plan, where the plan terminates or ceases providing supplement benefits (opens plans A, B, C, F, K and L)
- Individuals enrolled in a Medicare Advantage plan or a Medicare SELECT policy that is discontinued because (a) organization terminates its Medicare contract or ceases serving a geographic area, (b) individual moves outside of the service area of the plan, or (c) individual disenrolls with the organization due to cause (opens plans A, B,C, F, K and L)
- Individuals who are enrolled under a Medigap policy that is terminated due to the insolvency or bankruptcy of the issuer (opens plans A, B, C, F, K and L)
- Individuals enrolled in a Medigap Supplement who terminate the plan to enroll in a Medicare Advantage or Medicare SELECT and then terminate that plan within the first 12 months of enrollment (opens old plan if available; if not, any A, B, C, F, K and L plan)
- Individuals who first become eligible for Medicare at age 65, enroll in a Medicare Advantage plan, and disenroll within one year, may enroll in any of the 10 Medigap plans within 63 days of disenrollment (unless the individual is within six months of purchasing Part B, in which case they may have a slightly longer period of guaranteed issue).

Medicare Coverage Options

Advantages and Disadvantages of HMO Plans

Advantages of Plan Membership

- Getting all services through one source can be easier (for example, doctor's services, hospital care, laboratory tests, X-rays).
- Quality of care may be enhanced because of the coordination of services.
- You can budget medical costs more easily because you know the amount of any premiums in advance, and the other out-of-pocket expenses are likely to be less than under the fee-for services system.
- A beneficiary pays only a nominal copayment when using a service.
- A beneficiary will not need Medigap insurance to supplement Medicare coverage because the plan provides all or most of the same benefits at no additional cost.
- Paperwork is virtually eliminated.
- HMO plans generally must accept all Medicare applicants.

Disadvantages of Plan Membership

- The Medicare beneficiary may not be free to go to any physician or hospital. You generally must use the plan's providers or the plan will not pay, except in emergencies* or out-of-area urgently needed care. A beneficiary may need to have the prior approval of his or her primary physician to see a specialist, have elective surgery, or obtain equipment or other medical services.
- Disenrollment can take up to 30 days, and you must continue to use the HMO providers until you are disenrolled. You must disenroll in writing.
- If you decide to return to fee-for-service Medicare, depending on your health status, you may not be able to purchase a Medicare Supplement plan.
- You may only change a Medicare Advantage plan once a year from October 15th through December 7th.

Questions to Ask When Considering a Managed Care Plan

- What is covered by the plan? What is not?
- Does it cover dental, podiatry, prescriptions, preventive screenings, hearing aids, and glasses?
- If it covers prescriptions, is there a list of covered prescriptions (formulary) and, if so, does it cover the drugs I use?
- What are the costs and financial arrangements of the plan?
- What physicians and hospitals are available to me through the plan?
- What are the rules on the primary care physician (PCP), and may I change PCP's?
- What may I do if a PCP will not refer me to a specialist I feel I need to see?
- Are physicians/specialists I currently see on the plan and, if so, may I continue to see them?
- How will I feel if they are later dropped by the plan?
- How long does it take to get an appointment with a physician or specialist?
- What do other enrollees think of the health plan?
- How does the plan define "emergency or urgently needed care"?
- How does the plan handle complaints and grievances?

*An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child; Serious impairment to bodily functions; or Serious dysfunction of any bodily organ or part.

Medicare Coverage Options

Employer Health Insurance

If you or your spouse continues to work after your 65th birthday, you may be able to continue under an employer group health insurance plan. In many situations your employer plan will be primary (it will pay first). In that case, you may not need to sign up for Medicare Part B or buy a Medicare supplement. Contact Social Security at 800.772.1213 with any questions regarding enrollment in Medicare Part B.

When you retire at age 65 or later and do not have an employed spouse, Medicare will become your primary insurance plan.
You must enroll in Medicare Part B to avoid a penalty for late enrollment. Your employer may offer a retiree health plan which will pay after Medicare.
Employer group insurance plans do not have to comply with the regulations governing Medicare supplement policies. Carefully compare benefits and costs before deciding to keep employer insurance or replace it with a Medicare supplement.

Medicare Prescription Drug Plan (Part D)

On January 1, 2006, Medicare prescription drug coverage became available to everyone with Medicare. Everyone with Medicare can get this coverage that may help lower prescription drug costs and help protect against higher costs in the future. Medicare Prescription Drug Coverage is insurance. Private companies provide the coverage. You choose the drug plan and pay a monthly premium. Like other insurance, if you decide not to enroll in a drug plan when you are first eligible, you may pay a penalty if you choose to join later. You may compare drug plan coverage on www.Medicare.gov.
There are two types of Medicare plans that provide insurance coverage for prescription drugs: Medicare Advantage Plans that offer prescription drug coverage (MA-PD), and stand-alone Medicare Part D Prescription Drug plans (PDP). MA-PDs offer the medical coverage provided by Medicare Advantage plans, including HMOs, PPOs, and private fee-for-service plans (PFFS). The prescription coverage is included in the Medicare advantage plan. However, if you only need coverage for your prescriptions, a Part D prescription drug plan can provide that without additional medical coverage.

For example, if you have a Medicare Supplement policy, you would only need a Part D prescription drug plan because your Medicare supplement covers your medical costs. Whether you get your prescription drug coverage through an MA-PD or PDP, please review the plans that are offered to make sure that they cover the prescriptions you take in a cost-efficient manner.
Like other insurance, if you join a plan offering Medicare drug coverage, there is a monthly premium. The amount of the monthly premium is not affected by your health status or how many prescriptions you need. You will also pay a share of the cost of your prescriptions. All drug plans will have to provide coverage at least as good as the standard coverage which Medicare has set. If you have limited income and resources, you may qualify for a program called “Extra Help” that can provide assistance to cover prescription drugs for little or no cost.

Full Low-Income Subsidy (LIS) Extra Help 2016

- Income Eligibility Requirements: $1,357/ month or less if single; $1,823/month or less if married.
- Asset Eligibility Requirements: $8,780 or less if single; $13,930 or less if married.

Partial Low-Income Subsidy (LIS) Extra Help 2016

- Income Eligibility Requirements: $1,505/ month or less if single; $2,023/month or less if married.
- Asset Eligibility Requirements: $13,640 or less if single; $27,250 or less if married.
- Contact the Medicare Assistance Program at the Oklahoma Insurance Department for assistance in applying for Extra Help (800-763-2828)

Medicare Savings for Qualified Beneficiaries

The Qualified Medicare Beneficiary (QMB) program is a state assistance program that pays Medicare deductibles, Medicare’s coinsurance, Medicare’s Part B monthly premium, plus the full scope of Medicaid for certain elderly and disabled persons who are entitled to Medicare Part A, if the annual income is at or below the National Poverty Level and whose savings and other resources are very limited.

Medicare Coverage Options

Medicare Savings for Qualified Beneficiaries continued...

The QMB monthly income limits in 2016 are:

- $1,010 (individual) $1,355 (couple)
- In addition to the income limit, financial resources such as bank accounts, stocks and bonds cannot exceed $7,280 for one person or $10,930 for a couple.

The Specified Low-income Medicare Beneficiary (SLMB) program is for persons entitled to Medicare Part A whose incomes are slightly higher than the National Poverty Level (by more than 20 percent). The financial resource limits remain the same.

The SLMB monthly income limits in 2016 are:

- $1,208 (individual) $1,622 (couple)

If you qualify for assistance under the SLMB program, the state will pay your Medicare Part B monthly premium. You will be responsible for Medicare's deductibles, coinsurance and other related charges.

QI (Qualifying Individual)

The Qualifying Individual (QI) program is for persons entitled to Medicare Part A whose incomes are higher than 120 percent of the National Poverty Level and who are not otherwise eligible for Medicaid benefits. If your income exceeds 120 percent, but is less than 135 percent of the National Poverty Level, the state may pay your Medicare Part B premium.

The QI monthly income limits in 2016 are:

- $1,357 (individual) $1,823 (couple)

  This program pays your Medicare Part B premium.

These programs are designed for people with incomes near or below the poverty level and with limited assets. For more information, contact your county Department of Human Services (DHS) office or Area Agency on Aging if you think you qualify for full Medicaid benefits or for the QMB, SLMB, or QI program.

Medicaid

You may be eligible for Medicaid assistance if you have limited assets and low monthly income, or you have high medical bills. Medicaid pays eligible expenses in full, without deductibles and coinsurance. It also pays for intermediate or custodial care in a nursing home, which Medicare does not. For more information, contact your county Department of Human Services (DHS) office or Area Agency on Aging at 800.522.0310.

Generally, you do not need a Medicare supplement while receiving Medicaid assistance. However, if you have a Medicare supplement policy that was issued after December 13, 1991, and you become eligible for Medicaid, you may not need to terminate your policy. While on Medicaid, you can suspend your Medicare supplement policy for up to 24 months if you notify the insurance company issuing your supplemental policy within 90 days of becoming eligible for Medicaid. You may reinstate your Medicare supplement policy later if you no longer qualify for Medicaid.

Limited Benefit Policies Are Not a Substitute for a Medicare Supplement Policy

Limited benefit policies such as hospital indemnity, dread disease (cancer, stroke, heart disease, etc.), and accident plans do not cover the gaps in Medicare benefits. They provide benefits only in limited circumstances and duplicate coverage from Medicare and Medicare supplement insurance. You may want to carefully evaluate these plans to determine if they are necessary for your health care needs.

Be a Wise Consumer

Assess your needs.

Review your own health profile and decide what benefits and services you are most likely to need. Using the worksheet at the end of this booklet, make a careful comparison to avoid mistakes. If a poor decision is made, you may have more limited choices in the future.

Buy just ONE.

You only need one Medicare Supplement policy. You are paying for unnecessary duplication if you own more than one.

Take your time.

Do not be pressured into buying a policy. If you have questions or concerns, ask the agent to explain the policy to a friend or relative whose judgement you trust, or call the MAP program. If you need more time, tell the agent to return at some future date. Do not fall for the age-old excuse, "I'm only going to be in town today so you'd better buy now." Show the agent to the door!

Check the agent's insurance license.

An agent must have a license issued by the state of Oklahoma to be authorized to sell insurance in Oklahoma. Do not buy from a person who cannot show proof of licensing. A business card is not a license. You can contact the Oklahoma Insurance Department to check on an agent's license.

Read the outline of coverage.

The outline of coverage, which is required to be delivered with every solicitation for Medicare supplement insurance, includes specific details about each of the benefits in the policy. If purchased by direct mail, your outline of coverage must be delivered with the policy.

Medical questions may be important.

Do not be misled by the phrase "no medical examination required." You may not have to go to a physician for an exam, but medical statements you make on the application might prevent you from getting coverage after your open enrollment period.

DO NOT pay with cash.

Pay by check, money order, or bank draft. Make it payable to the insurance company only, not the agent. Completely fill in the check before presenting it to the agent.

Complete the application carefully.

Before you sign an application, read the health information recorded by the agent. Do not sign it until all health information is completed and accurate. If you leave out requested medical information, the insurance company could deny coverage for that condition or cancel your policy.

Approval takes time.

You may not be insured by a new Medicare supplement policy on the day you apply for it. Generally, approval takes 10 to 30 days.

Do not cancel a current policy...

until you have been accepted by the new insurer and have a policy in hand. Consider carefully whether you want to drop one policy and purchase another.

Expect to receive the policy within a reasonable time.

A policy should be delivered within a reasonable time after application (usually 30 days). If you have not received the policy or had your check returned in that time, contact the company and obtain in writing a reason for delay. If a problem continues, contact the Oklahoma Insurance Department.

Use your 30-day free look period. The 30 days start when you have a policy in your hand. Review it carefully. If you decide not to keep it, return it to the company and request a premium refund. After the "free look" period, insurance companies are not required to return unused premiums if you decide to drop the policy. If an agent tries to sell you a new policy saying you can get a premium refund for your current policy, report the agent to the Oklahoma Insurance Department.

Your policy is guaranteed renewable if you bought it after December 13, 1991.

That means the company cannot drop you as a policyholder unless you fail to pay the premium.

What Factors Affect Insurance Coverage

How insurance companies set prices for Medigap policies

Each insurance company sets its own monthly premiums and decides how it will set the price. You should ask how an insurance company prices Medigap policies. The way it sets the prices affects how much you pay now and in the future. Medigap policies can be priced or "rated" in three ways:

1. Community-rated (also called "no-age-rated")
2. Issue-age-rated
3. Attained-age-rated

Community-rated (also called "no-age-rated")

The same monthly premium is charged to everyone who has the Medigap policy, regardless of age. The premium is the same no matter how old you are. The premium may go up because of inflation and other factors, but not based on your age.

Issue-age-rated

The premium is based on the age you are when you buy the Medigap policy. Premiums are lower when you buy at a younger age and won't change as you get older. The premium may go up because of inflation and other factors, but not because of your age.

Attained-age-rated

The premium is based on your current age so your premium goes up as you get older. The premium is low when you buy at a young age, but goes up as you get older. It may be the least expensive at first, but it can eventually become the most expensive. The premium may also go up because of inflation and other factors.

Gender

Some companies have different premiums for men and women.

Area

Some companies charge different premiums based on where you live, zip codes, and/or counties.

Other Factors to Consider

Some companies have lower prices for non-smokers.

Some companies have a crossover agreement with Medicare. This is a convenience that lets Medicare send your bills directly to the insurance company.

A few companies listed in the comparison guide require membership in a specific organization before a policy can be issued. Some companies offer different levels of premium based on underwriting criteria. Once you have narrowed your choices, you should check with the companies to verify the actual premium.

Again, we must state rate increases could have occurred since this publication.

Most companies provide toll-free numbers for your convenience.

Standard Plans Price and Service Comparison

Wise consumers shop carefully for Medicare supplement insurance by comparing several companies' prices and service. Use this worksheet to record key information as you shop. Please note the prices listed on the following pages are estimated ANNUAL premiums.

Price Comparisons

Company	A	B	C	D	F*	G	K	L	M	N

*High Deductible

Service

Company Name										
Sell through agent or mail	Agent	Mail	Agent	Mail	Agent	Mail	Agent	Mail	Agent	Mail
Service office convenient	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Company has toll-free #	#_____		#_____		#_____		#_____		#_____	
Company's financial rating										
Offers automatic claims filing	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Waiting period for pre-existing	Yes #months? _____	No	Yes #months? _____	No	Yes #months? _____	No	Yes #months? _____	No	Yes #months? _____	No

For information about assistance with health insurance questions, call the Medicare Assistance Program (MAP) at 1-800-763-2828 or (405) 521-6628.

AARP/United Healthcare Insurance Company

680 Blair Mill Road
Horsham, PA 19044
800-523-5800

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts. You must be a member of AARP to obtain these group policies. Individual Beneficiaries age 65 rates vary according to Medicare enrollment date, discount eligibility and responses to medical questions. The age 65 rates include the Enrollment Discount. DISABLED Medicare Beneficiaries: The rates listed for members under age 65 include no discounts. Electronic Funds Transfer and Multi-Insured discounts are also available, if applicable.

Method of Premium Rate	Pre-Existing Condition Limitation
No Age Rating	3 Months

A	B	C	Select Plan C	F	Select Plan F	K	L	N	Disability Open Enrollment Plans - A
1,256	1,399	1,644	1,338	1,646	1,344	569	844	1,226	3,228

Aetna Health and Life Insurance Company

800 Crescent Centre Drive
Franklin, TN 37067
800-264-4000

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	Waived during Open Enrollment

A	B	C	D	F	F *	G	K	L	M	N	Disability Open Enrollment Plans - A
1,025	1,138			1,309	524	934				872	4,345

American Republic Corp Insurance Company

P.O. Box 14510
Des Moines, IA 50306
800-987-8988

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	Waived during Open Enrollment

A	B	C	D	F	F *	G	K	L	M	N	Disability Open Enrollment Plans - A
1,431				1,947	612		826	1,137			2,863

Prices listed are estimated ANNUAL premiums current as of April 2016.

American National Insurance Company of Texas
P.O. Box 10627
Springfield, MO 65808
888-350-1488

Important Information
Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	Waived during Open Enrollment

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
968				1,332		1,059					3,616

American Retirement Life Insurance Company
11200 Lakeline Blvd, Suite 100
Austin, TX 78717
866-459-4272

Important Information
Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	Waived during Open Enrollment

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,128				1,380		1,147				913	4,512

Americo Financial Life and Annuity Insurance Company
300 West 11th Street
Kansas City, MO 64105
800-231-0801

Important Information
Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	None

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,104				1,369		1,133				932	4,414

Prices listed are estimated ANNUAL premiums current as of April 2016.

Assured Life Association

Mutual of Omaha Plaza
Omaha, NE 68175
877-223-3666

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	None

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,357	1,474	1,829	1,540	1,937		1,553				1,002	3,191

Bankers Fidelity Life Insurance Company

4370 Peachtree Rd NE
Atlanta, GA 30319
866-458-7500

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Call for Details	None

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,336				2,009	528	1,412	720			955	3,994

Blue Cross Blue Shield of Oklahoma

300 E. Randolph St.
Chicago, IL 60601
866-288-3538

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	Waived during Open Enrollment

A	B	C	D	F	F*	Select Plan F	K	L	N	Select Plan N	Disability Open Enrollment Plans - A
1,101				1,645	277	1,395			1,152	1011	8,179

Prices listed are estimated ANNUAL premiums current as of April 2016.

Central States Indemnity Co. of Omaha
1212 N. 96th St.
Omaha, NE 68114
866-644-3988

Important Information
Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	None

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,061	1,104	1,323		1,376		1,135				877	2,890

Colonial Penn Life Insurance Company
111 East Wacker Dr. Suite 2100
Chicago, IL 60601
800-800-2254

Important Information
Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	Waived during Open Enrollment

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,457	1,500			1,859	347	1,352	538	1,153	1,351	934	4,605

Combined Insurance Company of America
PO Box 14207
Clearwater, FL 33766
855-278-9329

Important Information
Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	None

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,243				1,433		1,124				1,224	3,108

Prices listed are estimated ANNUAL premiums current as of April 2016.

CommunityCare Life & Health Insurance

218 W 6th Street
Tulsa, OK 74119
800-642-8065

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	Waived during Open Enrollment

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,092		1,836		1,884							2,148

Equitable Life & Casualty Insurance Company

3 Triad Center
Salt Lake City, UT 84180
877-358-4060

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Call for details	Call for details

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,072				1,385		1,052				908	2,678

Everence Association, Inc.

Po Box 483
Goshen, IN 46527
800-348-7468

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Call for details	Waived during Open Enrollment

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,452		2,174		2,479				1,269		1,189	2,906

Prices listed are estimated ANNUAL premiums current as of April 2016.

Gerber Life Insurance Company

Mutual of Omaha Plaza
Omaha, NE 68175
877-778-0839

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	None

A	B	C	D	F	Select Plan F	G	Select Plan K	L	M	N	Disability Open Enrollment Plans - A
1,317				1,832	1,520	1,260	1,046				3,094

Globe Life and Accident Insurance Company

P.O. Box 8080
McKinney, TX 75070
800-801-6831

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	2 Months

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - B
834	1,312	1,481		1,490	329						2,844

Government Personnel Mutual Life Insurance Company

Mutual of Omaha Plaza
Omaha, NE 68175
866-242-7573

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	None

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,166		1,580		1,618		1,211				1,058	2,740

Prices listed are estimated ANNUAL premiums current as of April 2016.

Humana Insurance Company

500 West Main Street
Louisville, KY 40202
888-310-8482

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Call for Details	Waived during open enrollment

A	B	C	D	F	F*	K	L	M	N	Disability Open Enrollment Plans - A
1,601	1,743	2,106		2,149	658	939	1,334		1,331	5,999

Medico Insurance Company

PO Box 10386
Des Moines, IA 50306
800-228-6080

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	Waived during Open Enrollment

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,128			1,393	1,683							4,208

Members Health Insurance Company

PO Box 1424
Columbia, TN 38402
888-708-0123

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	6 Months

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,035	1,212	1,341	1,251	1,377		1,278			1,008	972	3,147

Prices listed are estimated ANNUAL premiums current as of April 2016.

Old Surety Life Insurance Company
P O Box 54407
Oklahoma City, OK 73154
800-272-5466

Important Information
Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Issued Age	6 Months

A	B	C	D	F	*F	G	K	L	M	N	Disability Open Enrollment Plans - A
1,193		1,559		1,447							2,205

Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175
800-667-2937

Important Information
Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	None

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,137				1,409	422	1,004				887	3,128

Physicians Mutual Insurance Company
2600 Dodge St
Omaha, NE 68131
1-800-228-9100

Important Information
Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Issued Age	Waived during Open Enrollment

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,587			1,480	2,202	456	1,784				1,477	8,183

Prices listed are estimated ANNUAL premiums current as of April 2016.

Reserve National Insurance Company

601 E. Britton Rd.
Oklahoma City, OK 73114
800-654-9106

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	6 Months

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,472		2,185		1,844	425	1,238				1,269	2,822

Sentinel Security Life Insurance Company

1405 West 2200 South
Salt Lake City, UT 84119
800-247-1423

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	Waived during Open Enrollment

A	B	C	Select Plan C	D	Select Plan D	F	Select Plan F	G	Select Plan G	N	Select Plan N	Disability Open Enrollment Plans - A
1,323	1,464	1,779	1,430	1,444	1,161	1,821	1,464	1,072	857	1,160	928	3,109

Standard Life and Accident Insurance Company

One Moody Plaza
Galveston, TX 77550
888-350-1488

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	Waived during Open Enrollment

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
2,724	3,101	3,526	2,124	2,899	421	2,140				1,398	11,774

Prices listed are estimated ANNUAL premiums current as of April 2016.

State Farm Mutual Automobile Insurance Company
One State Farm Plaza
Bloomington, IL 61710
Contact Your Local State Farm Agent
855-733-7333

Important Information
Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	Waived during Open Enrollment

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,011		1,526		1,540							4,296

The Order of United Commercial Travelers of America
1801 Watermark Dr, Suite 100
Columbus, OH 43215
800-848-0123

Important Information
Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	Waived during Open Enrollment

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,715	2,213	2,654	2,429	2,726		2,399				1,908	2,889

Thrivent Financial for Lutherans
4321 N. Ballard Road
Appleton, WI 54919
1-800-847-4836

Important Information
Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	None

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,150	1,288	1,523	1,310	1,530	456	1,319		939	1,239		2,743

Prices listed are estimated ANNUAL premiums current as of April 2016.

Transamerica Life Insurance Company
Customer Service Department
300 Eagleview
Exton, PA 19341
866-205-9120

Important Information
Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Issued Age	6 months

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
973	1,285	1,521	1,406	1,529		1,405	700	1,039	1,280	1,204	2,921

United American Insurance Company
P.O. Box 8080
McKinney, TX 75070
800-331-2512

Important Information
Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Call for details	2 months, 6 months disability

A	B	C	D	F	F*	G	K	L	N	Disability Open Enrollment Plans - B & F*
1,088	1,675	1,995	1,946	1,902	321	1,722	1,030	1,446	1,557	5,374 & 2,324

United National Life Insurance Company of America
PO Box 1154
Glenview, IL 60025
800-207-8050

Important Information
Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	None

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,922			1,872	2,374		2,143				1,535	3,864

Prices listed are estimated ANNUAL premiums current as of April 2016.

USAA Life Insurance Company
9800 Fredericksburg Road
San Antonio, TX 78288
800-531-8722

Important Information

Rates may be based on where you reside within the state, and can vary according to age, gender, tobacco use and any eligible discounts.

Method of Premium Rate	Pre-Existing Condition Limitation
Attained Age	None

A	B	C	D	F	F*	G	K	L	M	N	Disability Open Enrollment Plans - A
1,164				1,825						1,326	2,631

IF YOU HAVE FURTHER QUESTIONS ON INDIVIDUAL MEDICARE SUPPLEMENT AND DISABILITY OPEN ENROLLMENT PLANS, PLEASE CONTACT THE OKLAHOMA INSURANCE DEPARTMENT MEDICARE ASSISTANCE PROGRAM AT 1.800.763.2828.

Prices listed are estimated ANNUAL premiums current as of April 2016.

Other Companies Licensed to Sell Medicare Supplement Products in Oklahoma

Company Name	Address	City, State, Zip	Telephone
Liberty National Life Insurance Company	PO Box 8080	McKinney, TX 75070	205-325-4979
Loyal Christian Benefit Association	PO Box 3090	Salt Lake City, UT 84110	877-358-4051
Oxford Life Insurance Company	2721 N Central Avenue	Phoenix, AZ 85004	888-757-3732
Philadelphia American Life Insurance Company	11720 Katy Freeway	Houston, TX 77079	800-552-7879
State Mutual Insurance Company	210 E 2nd St Suite 301	Rome, GA 30161	888-764-1936
The Manhattan Life Insurance Company	10777 NW Freeway	Houston, TX 77092	800-877-7703

*Information provided as of April 2016.

Medicare Supplement Plans Available Outside of the Open Enrollment Period

for People Disabled and Under 65

For use only outside of open enrollment.

Bankers Fidelity Life
Insurance Company
4370 Peachtree Rd NE
Atlanta, GA 30319
1-866-458-7500

CommunityCare Life
and Health Insurance
218 W 6th St
Tulsa, OK 74119
1-800-642-8065

Humana Insurance Company
500 W Main St
Louisville, KY 40202
1-888-310-8482

Members Health
Insurance Company
PO Box 1424
Columbia, TN 38402
1-888-708-0123

Old Surety Life
Insurance Company
P. O. Box 54407
Oklahoma City, OK 73154
1-800-272-5466

Transamerica Life
Insurance Company
Customer Service Department
300 Eagleview
Exton, PA 19341
1-866-205-9120

USAA Life Insurance Company
9800 Fredericksburg Road
San Antonio, TX 78288
1-800-531-8722

MEDICARE SUPPLEMENT IN A

NUTSHELL

8 things you should know about Medicare Supplement Policies

1. Also called “Medigap” or “MedSup”
2. Private insurance, not sold by the government
3. Designed to fill gaps in Medicare coverage
4. Defined by state and federal law
5. Regulated by state insurance departments
6. Sold by many companies
7. Available in 10 standardized plans
8. Usually not needed by those eligible for employer-provided insurance, Medicare Advantage plans, or Medicaid assistance programs

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OKLAHOMA INSURANCE DEPARTMENT

THIS GUIDE PROVIDED BY:

The Medicare Assistance Program (MAP) is a division of the Oklahoma Insurance Department, under general direction of the Insurance Commissioner John D. Doak. The program is funded by a federal grant from the Centers for Medicare and Medicaid Services. The division helps inform the public about Medicare and other senior health insurance issues.

The Oklahoma Insurance Department (OID) is responsible for enforcing the insurance related laws of the state. OID protects consumers by providing accurate, timely and informative insurance information. OID promotes a competitive marketplace and ensures solvency of the entities we regulate including insurance producers and adjusters, funeral directors, bail bondsmen and
real estate appraisers.

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